

U.S. Department of the Interior

Indian Affairs
Division of Safety and Risk Management



Serious Accident Notification Form

Purpose: Serious accidents resulting in a fatality or fatalities, the hospitalization of one or more employees, amputation, eye loss, structural fires or property damage in excess of \$500,000 shall be <u>immediately</u> reported to this office. This form shall be used to provide the applicable information upon notification of this office. Contact information is list below:

Paul Holley

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Division Chief
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Gabriel Draper

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Date of Mishap:	T	ime of Mi	shap:	Location of Mishap:	
Name(s):					
Job Title: Organi		nization:		Age:	Sex: M F
Narrative of Mishap (who, what, when, where and why) (include as much detailed information that is available such as, number of injured or hospitalized, conditions at time of mishap, etc.):					
Has DSRM been notified:	-	Y N	Name/Title of per	son contacted:	Date/Time:
Has the Regional Director been	notified:	Y N	Name/Title of per	son contacted:	Date/Time:
Has the local OSHA office been	notified:	Y N	Name/Title of per	son contacted:	Date/Time:
Have the Family/Families been	notified:	Y N	Name/Title of per	son contacted:	Date/Time: